

Inventor(s): HUOTARI

Appln. No.: 08

983,318

Series Code ↑

Serial No. ↑

Filed: January 15, 1998

Hon. Commissioner of Patents

Washington, D.C. 20231

Sir:

**REPLY/AMENDMENT/LETTER**

Group Art Unit

2683

Examiner:

T. Gesesse

Atty. Dkt.

P

244515

2960609US/43133

M#

Client Ref

Appln. Title: METHOD FOR TRANSMITTING THE  
IDENTITY OF A CALLING  
SUBSCRIBER TO A CALLED  
SUBSCRIBER IN A MOBILE  
COMMUNICATION SYSTEM

Date: May 22, 2002

RECEIVED

MAY 24 2002

This is a reply/amendment/letter in the above-identified application and includes the herewith attachment of same date and subject which is incorporated hereinto by reference and the signature below is treated as the signature to the attachment in absence of a signature thereto.

**FEE REQUIREMENTS FOR CLAIMS AS AMENDED**

## 1. Small Entity claim

A. ☒ NOT madeB. ☐ WithdrawnC. ☐ made herewithD. ☐ made previously

For B & C  
See **Required**  
**Separate Paper**  
(Pat-256)

	Claims remaining after amendment	Highest number previously paid for	Present Extra	Large/Small Entity	Additional Fee	Fee Code Lg/Sm
2. Total Effective Claims	9	**minus 20	0	x \$18/\$9 =	+ \$0	103/203
3. Independent Claims	4	***minus 4	0	x \$84/\$42 =	+ \$0	102/202
4. If amendment enters proper multiple dependent claim(s) into this application for first time (leave blank if this is a reissue application)				+ \$280/\$140 =	+ \$0	104/204
5. Original due Date: May 13, 2002	<input type="checkbox"/> NONE					
6. Petition is hereby made to extend the original due date to cover the date this response is filed for which the requisite fee is attached	(1 mo)	\$110/\$55 =		+ \$110		115/215
	(2 mos)	\$400/\$200 =				116/216
	(3 mos)	\$920/\$460 =				117/217
	(Usable only for ≤ 2mo.OA --- 4 mos)	\$1,440/\$720 =				118/218
	(Usable only for 30 day/1mo.OA --- 5 mos)	\$1,960/\$980 =				128/228
7. Enter any previous extension fee paid since above original due date and subtract			- \$0			
8.				Extension Fee	+ \$110	
9. If Terminal Disclaimer attached, add Rule 20(d) official fee				+ \$110/\$55	+ \$0	148/248
10. If IDS attached requires Official Fee under Rule 97 (c),				+ \$180	+ \$0	126
or if Rule 97(d) Request				+ \$180		126
11. After-Final Request Fee per rules 129(a) and 17(r)				+ \$740/370	+ \$0	146/246
12. No. of additional inventions for examination per Rule 129(b)				x \$740/370 ea	+ \$0	149/249
13. Request for Continued Examination (RCE)				+ \$740/370	+ \$0	1179/1279
14. Petition fee for					+ \$0	

15.

TOTAL FEE = \$110

16. \*If the entry in this space is less than entry in next space, the "Present Extra" result is "0".

17. \*\*If the "Highest number previously paid for" in this space is less than 20, write "20" in this space.

18. \*\*\*If the "Highest number previously paid for" in this space is less than 3, write "3" in this space.

PLEASE CHARGE  
OUR DEP. ACCT.

Our Deposit Account No. 03-3975)

(Our Order No. 60258

C#

244515

M#

CHARGE STATEMENT: The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed herewith or concerning any paper filed hereafter, and which may be required under Rules 16-18 (missing or insufficiencies only) now or hereafter relative to this application and the resulting Official Document under Rule 20, or credit any overpayment, to our Accounting/Order Nos. shown above, for which purpose a duplicate copy of this sheet is attached.

This CHARGE STATEMENT does not authorize charge of the issue fee until/unless an issue fee transmittal sheet is filed.

Query: Is appeal deadline now? If so, file Notice of Appeals separately.

Pillsbury Winthrop LLP

Intellectual Property Group

By Atty: Christine H. McCarthy

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Atty/Sec: CHM/EEED

NOTE: File this cover sheet in duplicate with PTO receipt (PAT-103A) and attachments

# NOTICE OF FEE DUE

DATE: 5-23-02

TO: GP

FROM: Office of Initial Patent Examination

SUBJECT: Fee Due

APPLICATION NUMBER: 08 983 318

A fee is due for the attached document submitted to the U. S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency.

☐ Insufficient fee by check

☒ Insufficient funds in deposit account

☐ Declined credit card

☐ Non authorization for charge to deposit account

☐ No fee submitted per requirement

The correct fee code: 115 amount \$ 110

The suspended fee code: 197 amount - \$           

Fee Due amount =\$           

If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.

Terminal Operator thorn

# Deposit Account Maintenance

Deposit Account Window Help



## Deposit Account

Print Screen

Number: 033975

Balance Amount: 8.00

## Holder

Name: PILLSBURY WINTHROP LLP



## Address

Attention:

Street:

1600 TYSONS BOULEVARD

Province:

City:

MCLEAN

State:

VA

Postal Code:

22102

Country:

US

Telephone:

703-905-2000

Fax:

703-905-2500

## Details

Category Code:

NONGOVNMNT

Type:

REGULAR

Notification Amt:

0.00

Status

Access Code:

9970

☒ Active

☐ Closed

HVUONG1

05/23/2002